

AccuReview

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[Date notice sent to all parties]: March 30, 2016

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

73721 MRI; any joint lower extremity, without contrast

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

This physician is Board Certified in Orthopaedic Surgery with over 14 years of experience.

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who sustained a work related injury on XX/XX/XX specifically relating to the left knee. He is currently retired. The mechanism of injury was a fall.

XX/XX/XX: History and Physical. The claimant was initially treated conservative, XX did arthroscopy, and he developed DVT and has chronic problems currently being treated, recurrent knee pain, will order MRI. PE: Left Lower Extremity: Knee: diffuse tenderness, diffuse edema, mildly limited secondary to pain. Assessment: left contusion knee 924.11, pain in joint involving lower leg, left 719.46. Plan: MRI w/o contrast 924.11, Instructions: referral for DVT was given with follow up after MRI, and return in 4 weeks.

XX/XX/XX: Progress Note. CC: left knee pain. Current symptoms are localized pain, pain with motion, and weakness; the severity of the symptoms are moderate and the quality is dull/aching and throbbing. This problem is related to a workers comp injury. The claimant's current work status is modified duty. The initial complaint were as follows: ligament instability yes, ability to kneel no, ability to squat no, use of assistive devices yes, difficulty or not able to stand on a stool yes. Claimant is now retired. Claimant is going to start physical therapy for left knee, will try to get approval for injection and bring him back to the clinic and prescribe tramadol. PE: left lower extremity: knee: diffuse tenderness, mild effusion, full ROM, weakness secondary to pain. Assessment: knee, internal derangement of 717.9, pain in joint involving lower leg, left 719.46. Plan: PT eval and treat, Medications: tramadol 50mg, PT recommended for left knee 3x per week for 4 weeks.

XX/XX/XX: Progress Note. CC: left knee pain. Claimant has attended 1 session of PT without improvement; the injection has not been approved for the pain. MRI has not been approved. Claimant still has pain to his left knee and since they aren't approving anything, he will try to contact his workers comp adjuster to see what can be done. PE: left lower extremity: knee: diffuse tenderness, mild effusion, full ROM, weakness secondary to pain. Assessment:

knee, internal derangement of 717.9, pain in joint involving lower leg, left 719.46. Plan: Claimant is released to modified work with no repetitive bending, stooping, squatting, twisting, or climbing. Follow up as needed.

XX/XX/XX: Progress Note. CC: left knee pain. Claimant is appealing the denial of MRI of left knee so will reorder at this time. Will refill ibuprofen and keep him on modified duty. PE: left lower extremity: knee: diffuse tenderness, mild effusion, full ROM, weakness secondary to pain. Assessment: knee, internal derangement of 717.9, pain in joint involving lower leg, left 719.46. Plan: MRI w/o contrast 717.9, ibuprofen 800mg.

XX/XX/XX: Request for Services. XX is ordering an MRI left knee 73721 DX: M23.92 Internal Derangement of knee.

XX/XX/XX: UR. Reason for denial: Records do not reflect any prior diagnostic imaging for review. The injury occurred in XXXX and the mechanism was not denoted. There was no evidence of recent reinjury. The physical examination findings document nonspecific findings and full exhaustion of lower levels of care was not noted as required by the guidelines. There was only recent prescription of ibuprofen. Progress notes from physical therapy were not submitted for review. The request for an MRI of the left knee is not medically necessary.

XX/XX/XX: Progress Note. CC: left knee pain. MRI was denied again, injection administered today, claimant has progressive pain recently and is highly suspect for meniscal injury, will require MRI for further assessment. PE: left lower extremity: knee: diffuse tenderness, mild effusion, full ROM, weakness secondary to pain. Assessment: knee, internal derangement of 717.9, pain in joint involving lower leg, left 719.46. lan: Orders: Asp/Inj major Jnt 20610, Depomedrol J1030, MRI w/o contrast. Follow up after MRI.

XX/XX/XX: UR. Reason for denial: This is a noncertification of a reconsideration of a left knee MRI. The previous noncertification on XX/XX/XX was due to lack of new injury or objective findings suggest a meniscus tear. Additional documentation submitted included an office progress noted from XX/XX/XX. The previous noncertification is supported. There were no objective physical examination findings to suggest meniscal pathology nor was there any new injury reported that would result in meniscal injury. Additionally, there was no documentation of initial radiographs demonstrating normal findings or a joint effusion as required by the guidelines. The request for reconsideration of a left knee MRI is not medically necessary.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The request for MRI of the knee is denied. The claimant sustained a work injury to his left knee in the year XXXX. He was treated with a knee arthroscopy in the past. He currently has pain in the left knee. He has diffuse tenderness and a mild effusion. He has not sustained any new injuries. The Official Disability Guidelines (ODG) supports MRI studies of the knee in non-traumatic knee pain if the radiographs of the knee are non-diagnostic. No recent plain films of the knee have been performed. The claimant’s examination is not specific for meniscal pathology. His knee pain could be related to osteoarthritis, which would be identified on plain films. Osteoarthritis of the knee is common beyond ten years after arthroscopic surgery. Conservative treatment has not been fully documented in the records reviewed. The claimant was prescribed 12 sessions of physical therapy. It is unclear whether he completed these treatments and whether this care helped his condition. In addition, there has not been a documented trial of bracing. The requested MRI is not medically necessary at this point in time. Therefore, after reviewing the medical records and documentation provided, the request for 73721 MRI; any joint lower extremity, without contrast is denied.

Per ODG:

MRI’s (magnetic resonance imaging)	Indications for imaging -- MRI (magnetic resonance imaging): <ul style="list-style-type: none">- Acute trauma to the knee, including significant trauma (e.g, motor vehicle accident), or if suspect posterior knee dislocation or ligament or cartilage disruption.- Nontraumatic knee pain, child or adolescent: nonpatellofemoral symptoms. Initial
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	<p>anteroposterior and lateral radiographs nondiagnostic (demonstrate normal findings or a joint effusion) next study if clinically indicated. If additional study is needed.</p> <p>- Nontraumatic knee pain, child or adult. Patellofemoral (anterior) symptoms. Initial anteroposterior, lateral, and axial radiographs nondiagnostic (demonstrate normal findings or a joint effusion). If additional imaging is necessary, and if internal derangement is suspected.</p> <p>- Nontraumatic knee pain, adult. Nontrauma, nontumor, nonlocalized pain. Initial anteroposterior and lateral radiographs nondiagnostic (demonstrate normal findings or a joint effusion). If additional studies are indicated, and if internal derangement is suspected.</p> <p>- Nontraumatic knee pain, adult - nontrauma, nontumor, nonlocalized pain. Initial anteroposterior and lateral radiographs demonstrate evidence of internal derangement (e.g., Peligrini Stieda disease, joint compartment widening).</p> <p>- <i>Repeat MRIs:</i> Post-surgical if need to assess knee cartilage repair tissue. (Ramappa, 2007) Routine use of MRI for follow-up of asymptomatic patients following knee arthroplasty is not recommended. (Weissman, 2011)</p>
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A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ☐ ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- ☐ AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- ☐ DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- ☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- ☐ INTERQUAL CRITERIA
- ☒ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- ☐ MILLIMAN CARE GUIDELINES
- ☒ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- ☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- ☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- ☐ TEXAS TACADA GUIDELINES
- ☐ TMF SCREENING CRITERIA MANUAL
- ☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- ☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)